FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

i	OMB APPROVAL					
ĺ	OMB Number:	3235-0076				
ı	Expires:	May 31, 2005				
	Estimated avera	ige burden				
	hours per respon	nse16.00				

SEC US	SE ONLY
Prefix	Serial
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Private Placement of Series A Preterral Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) 04038548
Second Phase Development Corporation
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Address of Principal Business Operations (Númber and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business Real Estate Development
ARA PROP
Type of Business Organization
sometimes corporation imited partnership, already formed other (please specify):
business trust imitted partnership, to be formed
Actual or Estimated Date of Incorporation or Organization: Actual Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS
Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA	
2. Enter the information equested for the following:	
• Each promoter of the issue) if the issuer has been organized within the past five years;	
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a	class of equity securities of the issuer
• Each executive officer and director of corporate issuers and of corporate general and managing partners of pa	
# 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	armership issuers, and
• Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Bahara Dundage	Managing Partner
Full Name (Last name first, if individual)	
Osborne, David D.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Check Box(es) that Apply. Thomster M Beneficial Owner M Executive Officer M Director	Managing Partner
Full Name (Last name first, if individual)	
19. Welter, Don	
Business or Residence Address (Number and Street, City, State, Zip Code)	
14814 Charmeran Ave. San Jose, (A 9)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
7	Managing Partner
Full Name (Last name first, if individual)	
Achorne Georgia	
Business or Residence Address (Number and Street, City, State, Zip Code)	
14814 Charmeran Ave, San Jose, (A 95124	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Zivitali Santiali Sintiali Sin	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
14814 Charnear Are San Jose, (A 95124)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Sonith, Mike	
Business or Residence Address (Number and Street, City, State, Zip Code)	
14814 Charmon Ave., San Jose, (A 9512	7
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
	<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

				В. І	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has th	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No M		
2. What										s_ 0	. 325	
										Yes	No	
	the offering											
comm If a pe or stat	the informa ission or sin rson to be lises, list the near ter or dealer	nilar remune sted is an ass ame of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchasent of a brol ore than five	ers in conn- ker or deale e (5) person	ection with or registered ns to be list	sales of seed with the S ded are asso	curities in t SEC and/or	he offering. with a state	:	
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	lumber and	d Street, C	ity, State, Z	Zip Code)						
Name of A	ssociated B	roker or De	aler									<u> </u>
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individua	States)	•••••	•••••					☐ Al	1 States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business of	or Residence	e Address (I	Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler									
	hich Person											····
(Chec	k "All State	s" or check	individual	States)	••••••	•••••			•••••••	••••••	☐ AI	l States
IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business of	or Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers				<u>,</u>		
(Chec	k "All State	s" or check	individual	States)			• • • • • • • • • • • • • • • • • • • •		••••••		□ Al	l States
AL IL MT	AK IN NE SC	AZ IA NV	AR KS NH	CA KY NJ TX	CO LA NM	CT ME NY	DE MD NC	DC MA ND WA	FL MI OH	GA MN OK	HI MS OR WY	ID MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	ζ		
	Type of Security	Aggregat Offering Pr		Amount Already Sold
		_		
	Debt			(3)
	Equity	2 7 0 Cc	<u> </u>	s 1,000,000.
	Common Preferred	·		
	Convertible Securities (including warrants)			
	Partnership Interests	\$		\$
	Other (Specify)	\$		\$
	Total	\$ <u>2</u> ,000,0	<u>ග</u>	s 1,000,000, "=
	Answer also in Appendix, Column 3, if filing under ULOE.			•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e		Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors			s 1,000,000. =
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	;		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees			\$
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total			s Ø

and total expenses furnished	in response to Part C	offering price given in response to Part C — Question C — Question 4.a. This difference is the "adjusted grand procession of the control of t	oss	\$
each of the purposes show check the box to the left of the	n. If the amount fo he estimate. The tot	s proceed to the issuer used or proposed to be used or any purpose is not known, furnish an estimate a al of the payments listed must equal the adjusted graph of the Question 4.b above.	nd	
			Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees			🗌 \$	\$
Purchase of real estate			🗀 \$	\$
		•••••••••••••••••••••••••••••••••••••••		
Construction or leasing of	plant buildings and	facilities	🗀 \$	\$
offering that may be used i	n exchange for the	value of securities involved in this assets or securities of another	□ \$	□\$
Renayment of indebtedness	S		S	
Working capital			\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	150 1,000, 000
Other (specify):			_ [] \$	\$
			- [] \$	\$
Column Totals				
Total Payments Listed (col	umn totals added).		🗆 \$\$.000,000. ⁰²
		D. FEDERAL SIGNATURE		
ignature constitutes an undertal	king by the issuer to	the undersigned duly authorized person. If this no furnish to the U.S. Securities and Exchange Compacted investor pursuant to paragraph (b)(2) of	nission, upon writte	
ssuer (Print or Type) A Phase Developme	+ (-0	Signature / A Plan	Date June 7	9, 2 av
The percial	U , CO ,			_//

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniforn limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
econd l	Print or Type) Signature Development Signature Tune 29, 200'4
Name (Print or Type) Title (Print or Type) Nelfer Presidat & CEO

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

2 1 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price explanation of to non-accredited Type of investor and amount purchased in State offered in state waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors Investors** Amount Yes No Amount ALΑK ΑZ AR Series A Preserred \$1,000,000 \$ 1,000,000 CA 0 X CO CTDE DC FLGA Н ID ILĪΝ IA KS KY LA ME MD MA MI MN MS

APPENDIX